

AMENDMENT TO THE SPECIFICATION:

Please amend the paragraph bridging pages 7 and 8 as follows:

Fig. 4A through 4F illustrate another alternative procedure for reducing ventricular volume. As shown in Fig. 4A, a catheter 50 is inserted through a patient's vascular system into one of the ventricles LV and RV of the patient's heart HT, for example the right ventricle RV. Catheter 50 has a leading end portion 52 which is steerable to enable a directing of a mouth opening 54 toward a sidewall SW1 of the patient's myocardium MYO. As shown in Fig. 4B, a wire 56 is ejected from catheter 50 through mouth opening 54 into and partially through myocardial sidewall SW1 upon a positioning of the mouth opening adjacent to the sidewall. Wire 56 is provided at a leading end with a plurality of barbs or arrow heads 58 preventing a withdrawal of the wire along its insertion path through myocardial sidewall SW1. Upon an embedding of barbs 58 in myocardial sidewall SW1, catheter 50 is manipulated to steer leading end portion 52 towards cardiac septum SPM, as illustrated in Fig. 4C. Then a second wire 60 is ejected from catheter 50 through mouth opening 54 and septum SPM into and partially through an opposing myocardial sidewall SW2, as depicted in Fig. 4D. Wire 60 is provided at a leading end with a plurality of barbs or arrow heads 62 preventing a detachment of the wire from myocardial sidewall SW2. Upon an embedding of barbs 62 in myocardial sidewall SW2, catheter 50 and wires 56 and 60 are manipulated to twist wires 56 and 60 about one another, as indicated by an arrow 64 and wire coils 66 in Fig. 4E. This twisting action exerts tension on wires 56 and 60 and is performed until sidewalls SW1 and SW2 are drawn sufficiently close to one another, as shown in Fig. 4F, to effectively reduce the volumes of ventricles RV and LV. Wires 56 and 60 are thereafter severed by any practicable technique including but not limited to shearing, laser cutting, etc.